## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |               |              |                                 |                  |          | SMALL ENTITY TYPE |                        | OR       |                     | OTHER THAN             |        |
|--|--|---|---------------|--------------|---------------------------------|------------------|----------|-------------------|------------------------|----------|---------------------|------------------------|--------|
| TC   | TAL CLAIMS   |   |               |              |                                 |                  | 1        | RATE              | FEE                    |          | RATE                | FEE                    |        |
| FO   | R  |   | NUMBER FILED  |              | NUMBER EXTRA                    |                  |          | BASIC FEE         | 355.00                 | OR       | BASIC FEE           | 710.00                 |        |
| то   | TAL CHARGEA  | BLE CLAIMS                                | /08 minus 20= |              | . 88                            |                  |          | X\$ 9=            |                        | OR       | X\$18=              | 158400                 |        |
| IND  | EPENDENT CL  | AIMS                                      | / minus 3 =   |              | · 5                             |                  |          | X40=              |                        | OR       | X80=                | 40000                  |        |
| MU   | LTIPLE DEPEN   | DENT CLAIM P                              |               |              |                                 |                  | +135=    |                   | OR                     | +270=    | 10000               |                        |        |
| * If the difference in column 1 is less than zero, enter   |  |   |               |              |                                 | olumn 2          |          | TOTAL             |                        | OR       |                     | 13476                  |        |
| CLAIMS AS AMENDED - PART II  |  |   |               |              |                                 |                  |          | , , , , ,         |                        | ,        | OTHER               |                        |        |
| <del></del>  | Discontinuo de compressione de la compressione de l | (Column 1)                                | (Column 2)    |              |                                 | (Column 3)       | a ,      | SMALL             | ENTITY                 | OR       | SMALL               | ENTITY                 |        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |        |
|  | Total  | *   | Minus         | **           |                                 | = "              |          | X\$ 9=            |                        | OR       | X\$18=              |                        |        |
|  | Independent  | *   | Minus         | ***          |                                 | =                |          | X40=              |                        | OR       | X80=                |                        |        |
|  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEP   | ENDEN        | I CLAIM                         |                  |          | +135=             |                        | OR       | +270=               |                        |        |
|  |  |   |               |              |                                 |                  |          | TOTAL             |                        |          | TOTAL<br>ADDIT. FEE |                        | ┨      |
|  |  | (Column 1)                                |               | (Colu        | ımn 2)                          | (Column 3)       |          | ADDIT. FEE        |                        | <u>.</u> | AUUII FEE           | <u> </u>               | ٦      |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |        |
|  | Total  | *   | Minus         | **           |                                 | =                |          | X\$ 9=            |                        | OR       | X\$18=              |                        |        |
|  | Independent  | *   | Minus         | ***          |                                 | =                |          | X40=              |                        | OR       | X80=                |                        | 1      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |               |              |                                 |                  | J        | .105              |                        |          | +270=               |                        | 1      |
|  |  |   |               |              |                                 |                  |          | +135=<br>TOTAL    |                        | IOR      | TOTAL               |                        | ا<br>ا |
|  |  | (0.1                                      |               | (0.1         | ο.                              | (0.1             |          | ADDIT. FEE        |                        | JOR      | ADDIT. FEE          | <u> </u>               | ۲      |
|  |  | (Column 1) CLAIMS                         | V-2-1         |              | ımn 2)<br>HEST                  | (Column 3)<br>T  | <u>}</u> |                   | ADDI                   | 9        |                     | 1 ADDI                 | ۲      |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |               | PREV         | MBER<br>TOUSLY<br>D FOR         | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE | -      |
|  | Total  | *   | Minus         | **           | <u> </u>                        | =                |          | X\$ 9=            | 1                      | OR       | X\$18=              | 1                      | 1      |
|  | Independent  | *   | Minus         | ***          |                                 | =                |          | X40=              |                        | 1        | X80=                | 1                      | 4      |
| <b>\</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |               |              |                                 |                  |          | 740_              |                        | OR       | 700-                | <b></b>                | _      |
|  |  |   |               |              |                                 |                  | -        | +135=             | <u></u>                | OR       | +270=               |                        |        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |               |              |                                 |                  |          |                   |                        |          |                     |                        |        |